National Patient Safety Partnership

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FOR IMMEDIATE RELEASE

HEALTHCARE LEADERS URGE ADOPTION OF METHODS TO REDUCE ADVERSE DRUG EVENTS

Washington, D.C. – A coalition of healthcare organizations today released recommendations for reducing the occurrence of adverse drug events.

Stressing that this is a problem that neither government nor individual healthcare organizations can solve working alone, Kenneth W. Kizer, M.D., M.P.H., U.S. Department of Veterans Affairs' (VA) Under Secretary for Health, said the public-private National Patient Safety Partnership[1] is urging consumers, healthcare practitioners, healthcare provider organizations and healthcare purchasing cooperatives to adopt successful methods of preventing adverse drug events.

"Treatment-related adverse drug events are a major problem in this country that exact high costs in patient morbidity and mortality as well as dollars," said Dr. Kizer. "The Partnership can make significant patient safety improvements through advocacy of best practices to reduce errors associated with prescribing, purchasing, dispensing and administering of medications."

The patient safety group encouraged healthcare practitioners and healthcare provider organizations to commit to certain best, or model, practices and work together to implement them, in partnership with consumers, patient advocacy groups, and the pharmaceutical industry. Their recommendations follow.

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[1]The NPSP is a voluntary public-private partnership dedicated to reducing preventable adverse medical events. Its charter members include American Hospital Association*, American Medical Association*, American Nurses Association*, Association of American Medical Colleges*, Agency for Health Care Policy and Research, Food and Drug Administration, Health Care Financing Administration, Joint Commission on Accreditation of Healthcare Organizations*, Institute for Healthcare Improvement*, National Institute for Occupational Safety and Health, National Patient Safety Foundation at the AMA*. Department of Defense – Health Affairs, and Department of Veterans Affairs*. *Charter Organizations

To reduce the occurrence of adverse drug events (events that can cause, or lead to, inappropriate medication use and patient harm),

Patients can:

- Tell physicians about all medications they are taking and responses/reactions to them
- Ask for information in terms they understand before accepting medications

Providing Organizations and Practitioners can:

- Educate patients
- Put allergies and medications on patient records
- Stress dose adjustment in children and older persons
- Limit access to high hazard drugs
- Use protocols for high hazard drugs
- Computerize drug order entry
- Use pharmacy-based IV and drug mixing programs
- Avoid abbreviations
- Standardize drug packaging, labeling, storage
- Use “unit dose” drug systems (packaged and labeled in standard patient doses)

Purchasers can:

- Require machine-readable labeling (barcoding)
- Buy drugs with prominent display of name, strength, warnings
- Buy “unit of use” packaging (aka “unit dose”)
- Buy IV solutions with two sided labeling

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To reduce the potential for taking a medication that was not prescribed for them or cannot be safely taken by them, patients should ask the following five sets of questions before accepting prescription drugs.

- Is this the drug my doctor (or other health care provider) ordered? What is the trade and generic name of the medication?
- What is the drug for? What is it supposed to do?
- How and when am I supposed to take it and for how long?
- What are the likely side effects? What do I do if they occur?
- Is this medication safe to take with other over-the-counter or prescription medications, or dietary supplements, that I am already taking? What food, drink, activities, dietary supplements or other medication should be avoided while taking this medication?

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